Start Date: (mm/dd/year):	<b>End Date:</b> (mm/dd/year):			
Contact Info				
Contact Info: (ARS scientist submitting proposal)	(Last name)	(First name)	(MI)	Phone number
Type: (Role of the ARS scientist)	Principal	Co-Principal		
Type of Agreement:	X Reimbursable (usu	ally with another Federal A	gency)	
Primary Agreement Holder:	YES	NO	<i>y</i> ,	
Contact Marcie/970-492-7022 for help. Complete this question when another ARS Unit/Location is participating in the project/grant proposal.	YES = The Unit's ARS scientist will receive the funds and the NPA will be responsible for dispersing funds to other ARS scientists (or University) involved in the research project.  NO = Another ARS Unit/Location, or a University, is receiving the funds and responsible for dispersing those funds to your ARS scientist/Unit.			
<b>Primary Agreement Proposed Total Funds:</b> Leave blank if the Primary Agreement Holder = NO	\$ Enter the dollar amount for the entire proposal.			
Purpose of Funds:	Research, funds requested will be equal to/or less than \$25,000			000
	Research, funds requested will be greater than \$25,000			
Remarks:				
	MWA/\$75,000 and Ka <b>Example #2:</b> Co-PI of	funds will be dispersed as for ansas St. Univ./\$25,000. on a proposal being submitted eceive \$175,000 if funded.		\$75,000; PWA/\$75,000; State University in the amount of
Source of Funds (SOF):	Original SOF:			
(Think of this as the name of the outside organization ARS is submitting the project proposal to. If funded, how do the funds come into	Name of the organization/entity the funds will originate from. <b>Example:</b> A NRI Compet Grant Proposal is being submitted by Kansas St. Univ., & the ARS scientist is listed as a on the proposal. ARS will receive some funds through a flow-down agreement with KSU listed as the Original SOF and KSU will be listed as the Direct SOF.		RS scientist is listed as a Co-PI own agreement with KSU. NRI is	
ARS?)	Direct SOF:			(*Required Field)
The Original SOF and Direct SOF cannot be the same.	through any other orga proposal to the North funded, the funds will		The ARS scients or to CSREES.  NDBA or CSI	entist is submitting a grant
IPSC Waiver: (overhead) (Indirect Program Support Costs)	The proposed an	nount of the incoming funds	is \$5,000 or le	ess over the life of project.
If the research proposal doesn't fit one of the criteria listed to the right, then IPSC (overhead) is charged.	(Only if it is one	nent is being entered into with of these: Ag Marketing Ser (SIS; GIPSA; or NRCS).		ction & Regulatory Agency Farm Service Agency; Foreign
IPSC = 10% of the gross \$ received	NOTE: IPSC is not	waived on a Competitive Gr	ant Proposal	(CSREES/NRI, etc.).
			_	

How are funds to be used?	Supplies: \$			
Think of this section as a minibudget explanation.	<b>Equipment:</b> \$			
Cat. 1 & 4 salaries <u>cannot</u> be used (HQ restriction).	Other Fed. Salaries: \$ (Use for post-doc, temp. technicians, grad. students)  Travel: \$			
IPSC (overhead) is entered into the Other Costs line	Other Costs: \$ (Includes IPSC (overhead); publication; computer; and/or funds for a Specific Coop. Agreement)			
	TOTAL PROPOSED: \$ (Total of all items above for the amount to ARS)			
ARS FTE: Enter the <u>Full Time</u> <u>Equivalency</u> for the entire period of the proposal (not just for one year).	(FTE must be filled in if funds are entered in Other Federal Salaries block above).  Can be entered as follows: 0.10 (10% time); 0.25 (25% time); 0.60 (60% time).			
FTE: Will the res. require more FTE than currently available to SY/MU?	YES If Yes, list number of FTE needed: NO			
Title of Proposal:				
Type of Work to be Completed:				
Work to be Performed:	In-house: (Select this if all of the funds received will stay within the ARS unit for their use) Extramural: (Select this if all of the funds ARS receives will then go to a university under a Specific Cooperative Agreement) Both: (Select this if part of the funds ARS receives will stay within ARS and part of the funds will go to a university under a Specific Cooperative Agreement)			
Extramural Agreement Type: (Leave blank if all of the funds are to remain within ARS).	Specific Cooperative Agreement Grant Agreement (Contact Jim Quaratino/970-492-7029 for assistance/approval)			
<b>Deliverables:</b> What will ARS do in return for receiving funds?				
Principal Performing Organization: <u>NEVER LIST ARS</u>	Fill this section out only if ARS will fund a Specific Cooperative or Grant Agreement with a university with all or part of the funds. <b>Provide the name of the university.</b>			
<b>Extramural Amount:</b> Use only if ARS is going to provide funds to a university to assist with the res.	\$			
If part or all of funds will be used for Extramural Res. give reason:				
Is the proposed research directly related to the in-house project of SY?	YESNO (If NO, enter an explanation as to why the scientist is submitting the 425)			
STP/SOI Codes:	<b>Definition of codes:</b> $STP = \underline{St}$ rategic $\underline{P}$ lan and $SOI = \underline{S}$ ubject $\underline{o}$ f $\underline{I}$ investigation			
STP codes: 1 minimum/2 maximum	STP code #1 STP code #2			
SOI codes: 1 minimum; 4 maximum	SOI code #1 SOI code #2			
. ,	SOI code #3 SOI code #4			